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# Naval Hospital Guam: Controlling Diabetes, Reducing Healthcare Costs Pt. 1

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*By Naval Hospital Guam Public Affairs*



In 2005, diabetes and associated complications were the fourth leading cause of death on Guam.

Diabetes is a metabolic disease, and occurs when the body is not able to produce any or enough insulin, which causes elevated levels of glucose (sugar) in the blood.

There are two common types of diabetes. Type I diabetes, typically diagnosed when people are young and believed to be caused by genetic or environmental factors. Type II diabetes is commonly associated with obesity, older age, physical inactivity, and family history of type II diabetes or a personal history of gestational diabetes. Diabetes can lead to multiple chronic medical problems.



Health conditions linked to diabetes include heart disease, vision loss and even blindness, kidney disease, nerve damage (neuropathy), foot ulcers, and poorly healing wounds.

Diabetes is a condition in which blood sugar is continually and sometimes dangerously elevated. Organs supplied by this blood can be affected or damaged. Health conditions linked to diabetes include heart disease, vision loss and even blindness, kidney disease, nerve damage (neuropathy), foot ulcers, and poorly healing wounds.

Type II diabetes is the leading cause of non-traumatic amputation. Nerve damage, also known as diabetic neuropathy, can cause disrupted sensation and numbness in the feet and legs. It is not uncommon for a diabetic patient with neuropathy to have an injury to their lower extremities and not be aware of the damage. The injury may worsen because the person is unaware and because diabetes can cause poor wound healing. A small cut or minor injury can turn into a serious infection, sometimes only treatable by amputation.



One in eight adults living on the Pacific Islands has served in the armed forces.

A study done by the Guam Diabetes Association demonstrates that Guam has a diabetes prevalence rate of 11 percent. Approximately 12,000 adults out of 120,000 have diabetes.

A U.S. Department of Health and Human Services Administration census on aging shows that there were approximately 75,000 people ages 55 years and older living on Guam in 2009. Using the same prevalence rate, approximately 8,300 from the elderly population will be diagnosed with or currently have diabetes.

One in eight adults living on the Pacific Islands has served in the armed forces. A portion of Guam's elderly are veterans and armed forces retirees. A large share of these residents are cared for or referred to NH Guam.



A U.S. Department of Health and Human Services Administration census on aging shows that there were approximately 75,000 people ages 55 years and older living on

Guam in 2009.

Navy Medicine's, Healthcare Effectiveness Data and Information Set®, known as HEDIS® is used to measure performance on important dimensions of care and service. It includes how hospitals manage patients in areas such as screening and chronic medical issues such as diabetes. However, until recently tracking NH Guam patients wasn't always easy. Without directly focusing on diabetes, the patients could easily slip through the cracks.

It was especially true for patients diagnosed with uncontrolled diabetes. Because of these factors NH Guam has made diabetes a priority by establishing a diabetes clinic, to improve patient quality of life, as well enabling the hospital to efficiently track their status and health.

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There are approximately 960 patients with diabetes. Fewer than 40 have uncontrolled diabetes, and are enrolled in the clinic. Because staffing ratios are important to safety and quality care, the clinic is only open to patients with uncontrolled diabetes..



Registered Nurse, Cheryl Buckley discusses diabetes management with patients.

The internal medicine diabetes clinic is led by Lt. Nancy Lentz, an internal medicine physician and Cheryl Buckley, a registered nurse. Patients admitted to the clinic are initially seen by Lentz and Buckley. A patient's first visit focuses on them learning how to manage their diabetes, determine what complications they may have, and evaluate their current diet and exercise regimen.

Afterward a plan to help reduce their A1C is developed. Much of the appointment is patient oriented and designed to put the patients back in control of their own healthcare. The patients make their own goals. Lentz and Buckley help them think about which aspect of their diabetes management is the biggest struggle, and what changes they would like to make.

Patients are encouraged to attend classes once a month. The class curriculum was developed by Buckley, based on principles established by the American Association of Diabetes Educators. Discussion topics include nutrition, physical activity and monitoring. The patients also keep a log of their food intake and blood sugars. The log effectively helps patients manage their diabetes.



With diabetes, if a patient modifies their lifestyle, they can

possibly be taken them off their medications or greatly reduce their prescribed amount.

When a patient reaches their goal, they are inspired to stay with the clinic for at least a year, because according to Buckley, “It’s more than just getting to a goal, it is also earning how to maintain that goal.”

Lentz says that a patient’s empowerment is ultimately derived by a lifestyle change. There are many diseases that require medication to treat a patient. With some of these diseases she has little or no opportunity to cut back on prescribing medication, but with diabetes, if a patient modifies their lifestyle, they can possibly be taken them off their medications or greatly reduce their prescribed amount.

It isn’t just blood sugar levels, or medications that get reduced, but costs as well. Studies show that diabetes disease management programs experience lower overall paid insurance claims due to decreased inpatient use, fewer admissions, fewer inpatient days, and fewer emergency room visits. Money is also saved in terms of specialty care, such as endocrinology, nephrology (dialysis), podiatry, and ophthalmology. Reports also show patients that control their diabetes can save approximately 500 dollars a year. There are also other cost benefits, such as reduced sick days for patients.



Since the clinic opened in October 2014 the team has seen a great deal of improvement in 90 percent of their patients.

Lentz and Buckley agree that the backbone of the diabetes clinic is education. They want to provide their patients with the knowledge and skills to take back and share with their families.

Since the clinic opened in October 2014 the team has seen a great deal of improvement in 90 percent of their patients. According to Lentz, the average A1C at the start of the clinic was 11.5; currently the average is 8.4. The American Diabetes Association recommends the goal to be less than 7 percent in most patients; though it may be slightly higher in the elderly and chronically ill population.

Many of the patients participating in the clinic agree that they no longer feel run down, tired and thirsty all the time. They have more energy and realize for the first time how much their diabetes was affecting them.

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